

HIV and Hepatitis Risks of Rural Methamphetamine Users: Implications for American Indians



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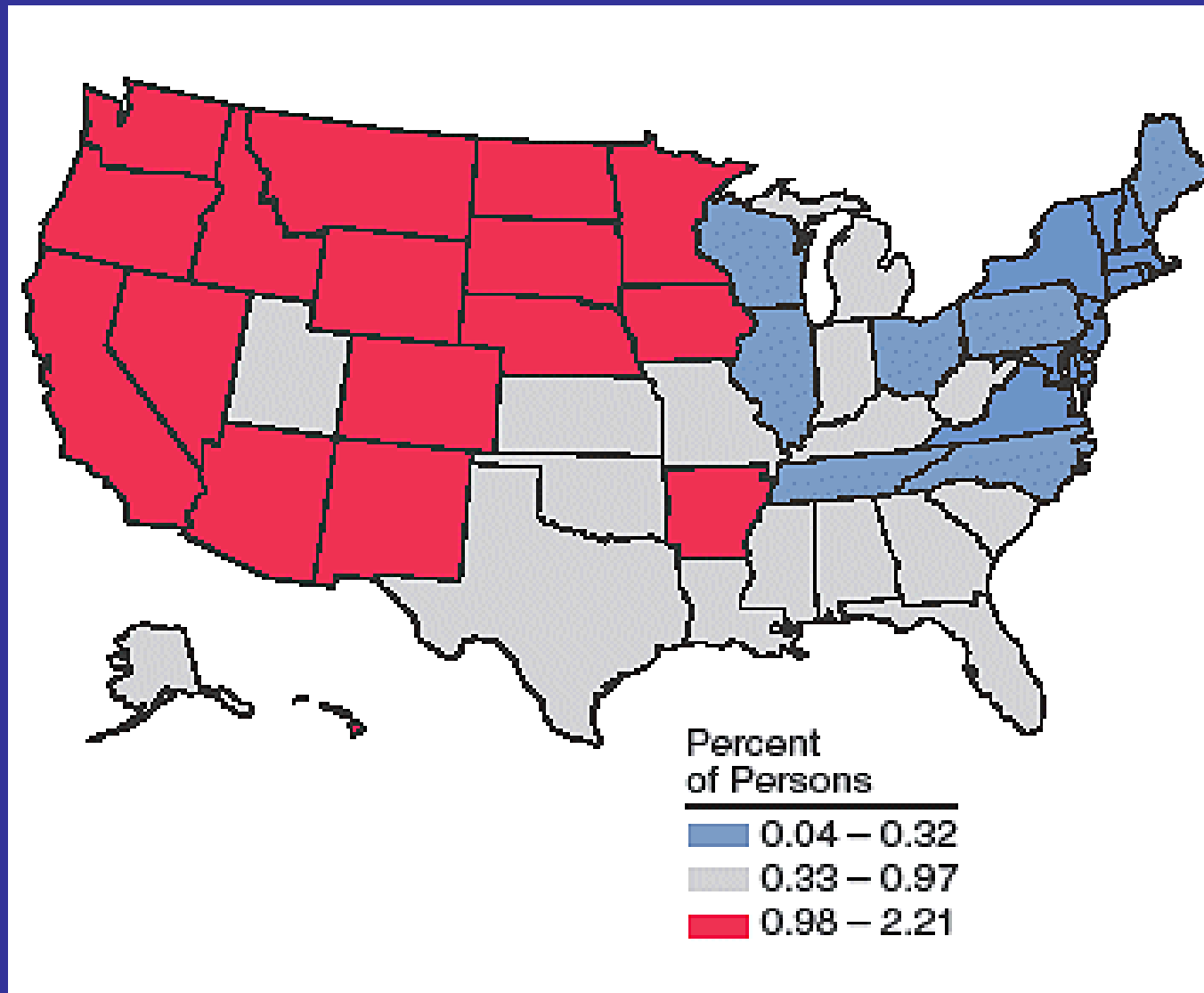


Questions



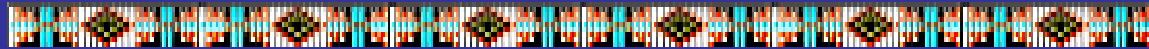
- Why are we concerned about methamphetamine use in Indian Country?
- Why are meth users at increased risk for HIV and hepatitis?
- What can the healthcare system do to address meth use and prevent HIV, hepatitis, and other diseases among users?

Methamphetamine Use in Past Year among Persons Aged 12 or Older, by State: 2002, 2003, and 2004



Source: National Survey on Drug Use and Health

Trends



- Native Americans 4.2 times more likely to use crystal meth than Whites
(2005 National Survey on Drug Use and Health)
- 12% female American Indian 11th graders
(Monitoring the Future 2005)
- 2.2% of American Indians and Alaska Natives treated for meth use in 2005
(SAMHSA Treatment Episode Data Set)
- Mexican drug distribution organizations targeting reservations.
(Casper Star Tribune August 2005)



Primary Care Implications



- Risk of HIV and hepatitis infection
- Damages cardiac tissue
- Complicates management of diabetes
- Decreases patient compliance
- Reduces efficacy of HIV regimens
- Strains medical system

Factors that ↑ HIV/STD Risk

- Injection practices
- Sexual behaviors
- Beliefs about risk and stigma

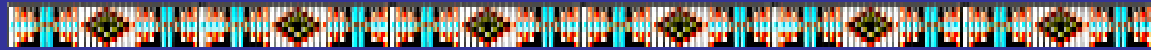


Injection Risk – Why inject?

- Injecting more common in West, rural, among AI/AN at about 25%
- Perceived to be cleaner
- Less waste - more economical
- Better, faster, more productive high
- Smoking - produces fast high too but is less productive, harder to conceal



High Risk Injection Behaviors



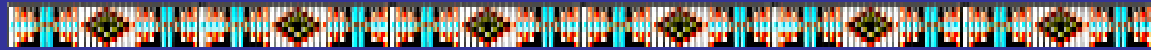
- Reuse “own” syringe multiple times
- Sharing rinse water not seen as risky
 - Often part of drug sharing process
 - 22x more likely to get HBV in outbreak (Koester, 2004)
- Women may be injected by others
- Days of bingeing and sleeplessness lead to inconsistent injection hygiene or direct sharing

Drug-Induced Sexual Risks



- Enhanced arousal for many
- “Crystal Dick” and Viagra or Cialis
- Enhanced stamina – prolonged sex
- Multiple partners or primary partner
- Focus is on the drug and the high – not pregnancy, STDs or HIV risk

Sexual Risks for Women



- “Do things I would never think of doing otherwise”
- Trading sex for meth
- Focused on the drug - not condoms

Risky Beliefs



- HIV does not exist in rural areas
- HIV/STD testing cannot be confidential
- Stigma attached to drug use and HIV+ status prevents getting HIV/STD test or seeking substance abuse treatment

So what can we do?





Provider Approaches



- Drug history + screen
- Take a sexual history
- Provide *confidential* HIV/STD testing
- Work as a team
- Address underlying causes
 - Mental health
 - Social concerns



Healthcare Approaches



- Identify where young meth users might connect with the healthcare system
 - Emergency department
 - Oral health (meth mouth)
 - Reproductive health / prenatal
- Provide for medical detox
- Work as a team
- Take leadership role in community education



Prevention with YOUTH



- Iowa Strengthening Families Program
- Preparing for the Drug Free Years
- Work with parents *and* teens
- Improve communication
- Both decreased the number of teens who ever used methamphetamine



Summary



- Methamphetamine abuse appears to be an ongoing concern in Indian Country.
- Methamphetamine users are at heightened risk for HIV and hepatitis from sharing syringes or drug works including water with infected users.
- Methamphetamine users are at heightened risk for HIV and other STDs from prolonged unprotected sex with an infected partner.



Summary



- The healthcare system can help identify young users, screen for risk behaviors, provide confidential testing for HIV, hepatitis, and other STDs.
- Healthcare *teams* are needed to address the intertwined physical, behavioral, and social needs of meth users.

THANK YOU

